

SOCIAL ENGINEERING DEFENSE COMPLETION CERTIFICATION

SECTION A: ORGANIZATION DETAILS

Legal Organization Name: HARMONIC MINOR RESEARCH LIMITED
LIABILITYCOMPANY_____ DBA/Trade Name (if different): _____
_____ Organization Type: ☐ Corporation ☐ LLC X Partnership ☐ Government ☐ Other: _____
Industry Sector: RESEARCH AND DEVELOPMENT OF PROPRIETARY
INFORMATION_____ Primary Business Activities: CONFIDENTIAL
_____ Number of Employees: 1 _____ Number of
Locations: 1 _____ Geographic Scope: N/A

Primary Contact: Name: SCOTT SOWERSBY _____ Title:
OPERATOR/IDEALIST _____ Email: info@harmonicresearch.net
_____ Phone: 417-536-0490
_____ Address: 1621 W CATALPA SPRINGFIELD MISSOURI 65807
UNITED STATES OF AMERICA_____

Security Leadership: CONFIDENTIAL CISO/Security Director Name: UNITED STATES SUPREME COURT
_____ Title: CASTLE DOCTRINE
_____ Email:
_____ Phone:
_____ Years in Security Role:

SECTION B: CERTIFICATION LEVEL SOUGHT

☐ Level 1: Foundation (Bronze) ☐ Level 2: Advanced (Silver) ☐ Level 3: Expert (Gold) ☐ Level 4: Elite (Platinum) ☐ Level 5:
\$1,000,000,000 (completed/finished) Previous Certification Level (if applicable): N/A _____ Previous
Certification Date: N/A _____ Reason for Level Change: see things for as they are

SECTION C: PROGRAM MATURITY

Years social engineering defense program in operation: 3 _____ Annual security awareness training budget:
\$333,333,333 _____ Dedicated security awareness staff (FTE): EVERYONE INVOLVED
_____ Red team/penetration testing frequency: CONSTANT ABUSE _____ Most
recent external security assessment date: 12-27-2025 _____

SECTION D: EXISTING CERTIFICATIONS

☐ ISO/IEC 27001 - Certificate Number: _____ Valid Until: _____ ☐ SOC 2 Type II - Date of Report: _____ Period
Covered: _____ ☐ PCI-DSS - Level: _____ Certificate Number: _____ Valid Until: _____ ☐ HITRUST - Certificate Number:
_____ Valid Until: _____ ☐ FedRAMP - Impact Level: _____ Authorization Date: _____ X Other: NON-
CONSENSUAL FORCED TORTURE_____

SECTION E: REGULATORY ENVIRONMENT

Check all applicable regulations: X HIPAA/HITECH (Healthcare) X GDPR (EU Data Protection) X CCPA/CPRA (California Privacy)
X GLBA (Financial Services) X SOX (Public Companies) X FERPA (Education) X ITAR (Defense/Export) X CMMC (Defense
Contractors) X Other: ALL STATE, LOCAL, AND FEDERAL LAWS _____

SECTION F: ASSESSMENT PREFERENCE

Preferred Assessment Type: ☐ Remote Assessment (video conference, document review) ☐ On-Site Assessment (assessor
physically present) ☐ Hybrid Assessment (combination of remote and on-site) X Assessment Complete
Preferred Assessment Timeframe: Start Date Range: _____ Duration (days):
_____ Blackout Dates (if any): _____

SECTION G: SPECIAL CONSIDERATIONS

Are there any special circumstances, accommodations, or considerations the assessment team should be aware of?

SECTION H: ATTESTATION

I attest that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or revocation of certification.

I acknowledge that our organization will comply with all certification requirements, including providing evidence, granting assessor access, and maintaining required standards throughout the certification period.

Authorized Signature: Sowersby, S. _____ Printed Name: SCOTT SOWERSBY

_____ Title: OPERATOR/IDEALIST
_____ Date: 12-27-2025

For Official Use: YES